

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/31/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: Prostaglandin
Compositions and
Methods for the
Treatment of
Vasospasm
Attorney Docket Number:: 301888.3012-101
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 5
Latin name::
Variety denomination name::
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of
China
Status:: Full Capacity
Given Name:: Tian
Middle Name::
Family Name:: Wen
Name Suffix::
City of Residence:: Beijing
State or Province of Residence::
Country of Residence:: People's Republic of
China
Street of mailing address:: Dong Dan North St.
City of mailing address:: Beijing
State or Province of mailing address:: Dongcheng District
Country of mailing address:: People's Republic of
China
Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of
China
Status:: Full Capacity
Given Name:: Liu
Middle Name::
Family Name:: Liu
Name Suffix::
City of Residence:: Beijing

State or Province of Residence::
Country of Residence:: People's Republic of
China
Street of mailing address:: 31 East Street,
XieJie Kou
City of mailing address:: Beijing
State or Province of mailing address:: Xicheng District
Country of mailing address:: People's Republic of
China
Postal or Zip Code of mailing address::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mingqi
Middle Name::
Family Name:: Lu
Name Suffix::
City of Residence:: Lawrenceville
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 12 Fountayne Ln.
City of mailing address:: Lawrenceville
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08648

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of
China

Status::	Full Capacity
Given Name::	Jieshan
Middle Name::	
Family Name::	Bai
Name Suffix::	
City of Residence::	Beijing
State or Province of Residence::	
Country of Residence::	People's Republic of China
Street of mailing address::	18 Zhizhu Yuan Rd.
City of mailing address::	Beijing
State or Province of mailing address::	Hai Dian District
Country of mailing address::	People's Republic of China
Postal or Zip Code of mailing address::	100089

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Y.
Middle Name::	Joseph
Family Name::	Mo
Name Suffix::	
City of Residence::	Princeton
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	One Belleview Terr.
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

Correspondence Information

Correspondence Customer Number :: 30407

Phone number:: 508-879-5700
Fax Number: 508-929-3073
E-Mail address:: rpzimmerman@bowditch.com

Representative Information

Representative Customer Number:: 30407

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/459,896	04/2/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	NexMed (Holdings) Inc.
Street of mailing address::	350 Corporate Drive
City of mailing address::	Robbinsville
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08691